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CONFIRMATION NO. 4932

<b>SERIAL NUMBER</b> 10/530,383	<b>FILING OR 371(c) DATE</b> 05/26/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> UC 207-KFM
<b>APPLICANTS</b> Martin Rahe, Huelhorst, GERMANY; Rudi Maier, Engstingen, GERMANY; Michael Wagener, Bremen, GERMANY; Raymond Glocker, Aschffenburg, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE03/03395 10/13/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY GERMANY</b>	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 19
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> Karl F Milde jr Milde & Hoffberg 10 Bank Street Suite 460 White Plains ,NY 10606				
<b>TITLE</b> Bladder implant				
<b>FILING FEE RECEIVED</b> 695	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	